



Fire Department | Fire Prevention-Hazmat Unit

P.O. Box 5006, Fremont, CA 94537-5006

510 494-4279 *ph* | www.ci.fremont.ca.us

Hazardous Materials Disclosure Statement

Building Permit #: _____

Project Address: _____

Business Name: _____ Business Phone: _____

Business Owner: _____ Owner Phone: _____

Describe Project or Business: _____

NOTICE TO ALL APPLICANTS: AN INCORRECT RESPONSE CAN SERIOUSLY DELAY YOUR PROJECT REVIEW AND ISSUANCE OF A BUILDING PERMIT

Any hazardous materials that are or may be handled by a business must be disclosed. Hazardous materials can include, but are not limited to: cleaners, paints, flammables, solvents, compressed gases, oil and fuels. If you are certain your business or project will not handle any hazardous materials on site, check "NO" below. If there is a possibility that any hazardous materials may be handled on site, check "YES" below and contact Fire Prevention at (510) 494-4280. **If you indicate "YES" below, failure to contact the Fire Prevention/HazMat Unit may delay the completion of blueprint review and building permit issuance. State law requires all businesses that handle hazardous materials to have an approved Hazardous Materials Management Plan on file before a Certificate of Occupancy may be issued.**

A) My business will be or is handling hazardous materials: Yes _____ No _____

B) The permit requested does alter, modify effect or involve hazardous materials: Yes _____ No _____

If the answer to question B is YES, please provide the following information:

<i>Material</i>	<i>Maximum Quantity Stored</i>	<i>Hazard Class</i>

(Attach additional sheets as necessary)

This form must be completed by the Facility Manager, Owner, or other responsible party for the company. **The signature of the Architect, General Contractor or Designer IS NOT adequate.**

I certify that I have read this notice and attest that the above marked responses are correct. I agree to comply with all City, County, State and Federal laws, ordinances and regulations relating to the handling of hazardous materials.

Signature

Date

Name (Please Print)

Title

Complete Mailing Address

Phone

Original – Fire Department
Yellow – Plans & Permits Division
Pink – Hazardous Materials Plan Check
Gold – Applicant